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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 08/838,682 04/09/1997 PAT 6,107,090 *(m)*
which claims benefit of 60/016,976 05/06/1996 *(m)*
and claims benefit of 60/022,125 07/18/1996 *(m)*

** FOREIGN APPLICATIONS *****

— m —

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/16/1999

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	DRAWING 11	CLAIMS 20	CLAIMS 2
Verified and Acknowledged Examiner's Signature <i>Gary Bander</i> Initials <i>m</i>	Initials				

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TITLE

TREATMENT AND DIAGNOSIS OF PROSTATE CANCER

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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